

APR 16 2010

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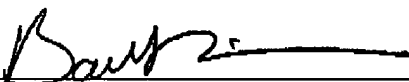
Patent Number:	7380315
Filing Date:	06/03/2008
Inventor(s):	In-Soo Jung et al.
Group Art Unit:	3677
Examiner Name:	MILLER, WILLIAM L
Attorney Docket Number:	KYE0003US

I hereby certify that this Revocation and Appointment of Power of Attorney and Change of
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